

Office Use Only

Date:

Replacement on File?

- ☐ Yes
☐ No

Form 99-5

Re v. 6/2009

**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
AGENT LICENSING DIVISION**

P. O. Box 517
Frankfort, KY 40602
502-564-6004

<http://insurance.ky.gov>

FINANCIAL RESPONSIBILITY CANCELLATION FORM

DIRECTIONS: This form is to be used as written notice to cancel evidence of financial responsibility for licensees,, pursuant to KRS 304.9-105. This form must be completed and signed by an authorized representative of the insurer or financial institution issuing or establishing the evidence of financial responsibility. The original shall be sent to the Department of Insurance and a copy shall be mailed to the licensee at the licensee's last address known to the insurer or financial institution. Financial responsibility shall not terminate until at least thirty (30) days after the Department's receipt of this form.

Insurer or Financial Institution Name:	FEIN
Address: _____ _____	Phone: _____ Fax: _____
City: _____ State: _____ ZIP: _____	Email: _____

Licensee Name:	SSN/FEIN:
Address: _____ _____	Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Surplus Lines Broker <input type="checkbox"/> Life Settlement Broker <input type="checkbox"/> Life Settlement Provider <input type="checkbox"/> Adjuster <input type="checkbox"/> Reinsurance <input type="checkbox"/> Intermediary Manager <input type="checkbox"/>
City: _____ State: _____ ZIP: _____	

Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Legal Liability (E&O) Policy Number _____ Surety Bond Number _____ Letter of Credit Number _____ Assumption of Liability Number _____ Penal Bond Number _____
Coverage Period: Inception Date _____ Expiration Date _____	

Typed Name of Authorized Representative:

Title:

Signature of Authorized Representative:

Date: